

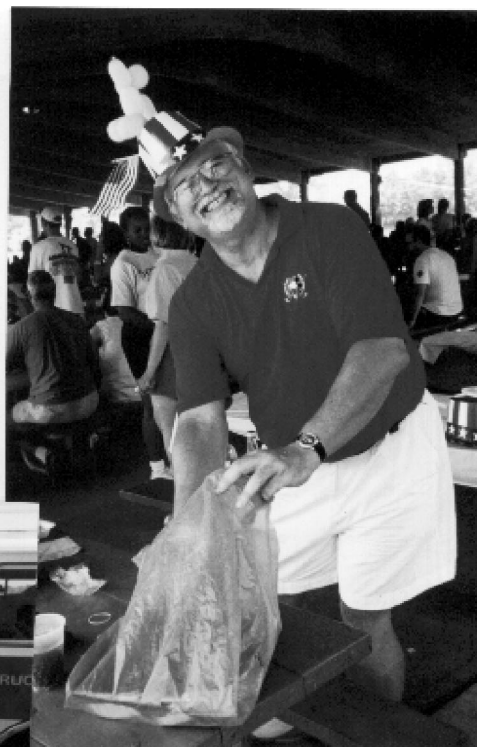


*Readiness thru Health*

*U.S. Army Center for Health Promotion and Preventive Medicine*

# The Sentinel

ORGANIZATION  
DAY



# Challenge and change

By: BG Patrick D. Sculley

This is a very exciting time for the CHPPM. In June, I participated in the Change of Command for CHPPM-Pacific based at Sagami, Japan. The Change of Command ceremonies for our Direct Support Activity - South at Fort McPherson, Georgia, and Direct Support Activity - North at Fort Meade, Maryland, were held in July, and the Change of Command at CHPPM-Europe was held in August.

It is a time of transition, but our changes do not stop with these new commanders. We have several new directors at CHPPM-Main, and many of our fine officers are being reassigned or retiring and going on to careers in the civilian sector. But, because of the fine sense of "esprit de corps" here at the CHPPM, when members of the its family depart the command, they never leave the CHPPM family. We consider that they are just "forward" deployed. Recently these "forward" deployments have increased dramatically, and we have more changes slated for the future. Just one of the future changes includes Direct Support Activity - West reorganizing and moving to Fort Lewis, Washington, while the polymerase chain reaction laboratory and the analytical laboratory will be moving to Edgewood.

The Greek philosopher Heraclitus said that there is nothing permanent except change. We at the CHPPM are finding this to be very true. But change gives us opportunities to grow to meet exciting new challenges. I won't say that things will not be different, of course they will. If we meet these new opportunities with the enthusiasm and energy that have traditionally been a part of this organization, we will continue to improve.

At the CHPPM, you have always risen to meet the challenges. You have explored new avenues of preventive medicine support for America's

forces. You have done a marvelous job; the vision and energy of each one of you has helped to focus and shape our role in promoting health and preventive medicine. Through your efforts, the importance of joint military preventive medicine planning to support joint task force operations has been proven many times over. Our products are being requested more and more, and our name is always associated with quality and rapid response.

And internally, the CHPPM program charter process has been met with enthusiastic support. The results of the charter process will be improved business practices, a better definition of the services to be accomplished by all the CHPPM activities.

The success of an organization relies upon the accomplishments of its people. To each of the members of the CHPPM family, I wish to express my appreciation for making this one of the finest organizations in the Army Medical Department. I encourage all of you to continue to meet the challenges of the future with your boundless enthusiasm, bright optimism, and confidence in the value of preventive medicine as the key to force protection.

Preventive medicine and health promotion and wellness will continue to flourish and change the face of Army Medicine. Your contributions to the Army will lead directly to improvements in quality of life for our soldiers. Their health and well-being is the ultimate measure of our success.



*BG Patrick D. Sculley*

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Commander...BG Patrick D. Sculley

Public Affairs Officer...Evelyn B. Riley  
Editor... Laura L. Ryan

# Push aside the chaos

**By: LTC David J. Tompkins**  
**Commander, DSA-South**

With all the “coordination” we do, how can an effort fail? Think about it. We handle hundreds of email messages; we have lengthy video-teleconferences; we have conference calls; and we have meetings to the point that, among the four, they take up nearly all of our time! If these are all “coordination mechanisms,” why do we so frequently feel “out of synch”? Remember that coordination is NOT the same as synchronization. Perhaps we’ve confused the two, and when things fall apart we have a convenient excuse. We blame it on “chaos.”

Chaos occurs when efforts are not synchronized, when a clear vision or expectation is not set, and when a visible and measurable mechanism is not in place to map and monitor how we get from “here” to “there.” The mechanism of control over these variables is known as project management.

A model described in Department of Defense Manual 8020.1, known as Functional Process Improvement, describes utilization of project management skills to map the execution of events from the “As Is” to the “To Be.” It requires that a clear vision or expectation be set (the “To Be”). Before any execution occurs, it requires an analysis of the present situation (the “As Is”). It then requires analysis of a series of options that would form the tasks in an executable plan to get from “here” to “there.”

Several examples at CHPPM serve to support the validity of utilizing project management techniques to synchronize resources, align tasks and milestones, identify events on the critical path, and measure progress. One is the Defense Occupational and Environmental Health

Readiness System (previously known as OHMIS); stop by and take a look at the DOEHRS Project Plan sometime at CHPPM-Main, on the first floor of building 1570. Other examples include several complex and highly visible initiatives accomplished by team members from CHPPM and the MEDCOM Preventive Medicine and Wellness Division -- they are the Occupational Health Support Plan for the U.S. Army Reserve Command, the Army Industrial Hygiene Integration and Improvement Initiative, and the Army Preventive Medicine Budget Planning and Tracking Process. If ever there were initiatives that could fail because their complexity made simple “coordination” an inadequate mechanism of planning and control, it was these. Yet, they didn’t fail. Why?

The Functional Process Improvement Model was applied to each of these projects. A clear vision and expectation were set. An analysis of the current situation was performed. Options designed to get from “here” to “there” were explored, and the selected option was developed, executed, and tracked in a project plan composed of Phases, Activities, Tasks, Milestones, Resources, Responsibilities, Start-Stop Dates, Durations and Dependencies. Everyone involved sang off the same sheet of music (the project plan). Team members knew how their piece fit into the whole, what had to be completed before they could start their task, which tasks were taking place concurrently, and when their task had to be completed and to what standard. The result was a flow of events which, though complex and highly interdependent, targeted one outcome in time.

The typical project management cycle is composed of six basic phases. They are

*(Continued on page 4)*

## CHPPM satellites change command

BG Patrick D. Sculley officiated at several change of command ceremonies recently.

Also, on June 12, COL David T. Zolock passed command of the 520th Theater Army Medical Laboratory (TAML) to COL William R. Chambers.

COL Harry J. Quebbeman assumed command of CHPPM-Pacific from LTC Robert R. Eng on June 26. Quebbeman serves as the first Department of the Army board-selected brigade-level commander of CHPPM-Pacific. He was previously the Deputy Chief of Staff for Operations at CHPPM-Main.

On July 2, LTC David L. Jones assumed command of Direct Support Activity - North from LTC Robert J. Landry. Jones was previously assigned to the Preventive

Medicine Department of Womack Army Medical Center, Fort Bragg, North Carolina, as Chief, Environmental Health.

LTC David J. Tompkins assumed command of Direct Support Activity - South from LTC Terry L. McArthur on July 11. Tompkins, who had served previously at CHPPM, comes from his assignment as Headquarters, Army Medical Command Staff Officer for Environmental Science and Industrial Hygiene.

COL William T. Broadwater assumed command of CHPPM-Europe from COL Edmund L. Davis in August. Broadwater had been assigned to CHPPM as Commander DSA-South and as Chief of the Waste Disposal Engineering Division.

## Eagle.....(Continued from page 3)

Concept, Requirements Definition, Requirements Analysis, Plan Design, Plan Execution, Improvement and then a feed to complete the loop back to Concept. If you can picture the flow, it's obvious nothing gets executed until phase 5. By then, there is a clear definition of the desired outcome and a clear strategy and path to get there because the Concept, Requirements Definition, Requirements Analysis, and Plan Design Phases answered the "As Is," the "To Be," and selected the option for execution.

The science of project management is too broad to get into here, but you are urged to look to this mechanism as a means of pushing aside the chaos, synchronizing your team members' efforts, and keeping a geographically separated team focused on the same outcome. The Functional Process Improvement Model, coupled with project management techniques, provides the best chance for the success of complex initiatives. Look to

the projects described above for examples and recommendations on how to proceed in project management of your own efforts; we have ample proof that this approach manages change while it maximizes flexibility, and that's just the opposite of chaos!

## Correction

Photo credit for the cover photograph on the last issue of *The Sentinel* was inadvertently omitted. It was taken by Cynthia H. Stevenson, writer/editor of Fort Meade's *Sound Off*.

# Military News

## ARRIVALS

SPC Cathy Barton, SLS  
LTC Catherine Bonnefil, DHPW  
LTC John Ciesla, DEDS  
LTC Robin Drescher, CHPPM-Europe  
LTC Joan Eitzen, DHPW  
LTC Sally Hoedebecke, DHPW  
LTC David L. Jones, DSA-North  
MAJ Mary Jo Laurin, DHPW  
SFC Mark Mack, DCSOPS  
MAJ Richard Maguire, DCPM  
MAJ Lisa Pearse, DEDS  
LTC Randy Perry, DCSOPS  
CPT Reginald Richards, DSA-South  
MAJ William Statz, DCPM  
LTC Robert Thompson, Jr., OCO  
LTC David Tompkins, DSA-South

## DEPARTURES

SGT Gillian Allman-Dixon, DCSOPS  
LTC Dwight Bundy, DCPM  
1LT Terrence Burden, DCSOPS  
COL William Chambers, DC  
MAJ James Cook, CHPPM-Europe  
1LT Kristen Dickhut, CHPPM-Europe  
LTC Robert Eng, CHPPM-Pacific  
LTC Sandra Goins, DHPW  
MAJ Ann Grediagin, DHPW  
LTC Ronald Harrison, CHPPM-Europe  
SFC Robert Jackson, CHPPM-Pacific  
LTC Robert Landry, DSA-North  
MAJ Leo Mahony, DHPW  
LTC Terry McArthur, DSA-South  
MAJ Heidi Overstreet, CHPPM-Pacific  
MAJ William Shepler, CHPPM-Europe  
MAJ Louie Tonry, CHPPM-Europe  
LTC Rebecca Torrance, DHPW  
COL Stephen Walker, CofS  
COL Adeline Washington, DHPW

## RETIREMENTS

COL Joel Gaydos, DCPM  
MAJ Richard Travis, DEHE

## PROMOTIONS

Vicki Arneson, DOHS, to 1LT  
James Carr, DLS, to MAJ  
Frederick Culberson, DSA-South, to CPL  
Eileen Gorman, OCO, to 1LT  
Tanya Kittell, DOHS, to 1LT  
Gwendolyn McCormick, DTOX, to SPC  
Bruno Petrucci, DCPM, to LTC  
Mark Rubertone, DEDS, to LTC  
Patrick Seibert, DOHS, to 1LT  
Julie Wells, DLS, to SPC

## AWARDS

### Legion of Merit

LTC Terry McArthur, DSA-South

### Meritorious Service Medal

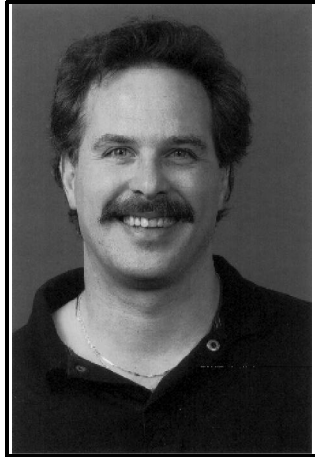
CPT Thomas Delk, DOHS  
MAJ Ann Grediagin, DHPW  
MAJ Leo Mahony, DHPW  
LTC Rebecca Torrance, DHPW

### Army Achievement Medal

CPT Thomas Delk, DOHS  
SSG Tina Ellington, DCSOPS  
SGT David Keith, DLS  
SPC John Spaulding, DLS  
SGT William Willard, DLS

## Mark Moscato to attend the Army Management Staff College

By Uma Vodela



*Mark Moscato*

Health physicist Mark Moscato has been selected for a 12-week session to develop leadership, management and decision-making skills at the Army Management Staff College. The college works in support of the Army Civilian Training,

Education and Development Systems (ACTEDS) to prepare a select group of Army civilian and military leaders for advancement to key leadership positions in the sustaining base. The college also works to promote cohesiveness in the Army.

Moscato had the distinction of being endorsed by BG Patrick D. Sculley. Excellent recommendations by CHPPM's Scientific Advisor Mr. Steve Kistner and favorable appraisals by Ms. Donna Doganiero, Director of Occupational Health Sciences, and Mr. Harris Edge, Industrial Health Physics Program Manager, are indicators of Mark Moscato's work caliber and dedication.

Moscato joined CHPPM in 1985 to work with the Laser/Optical Program and joined the IHPP group in 1994. Hard work and motivation are part of Mark's successful career at CHPPM. He feels elated by his selection to the prestigious program at the Army Management Staff College and appreciates everyone's help and support during the selection process. Moscato is married to Doenee, who works as an environmental specialist at the Army Environmental Center, and they are proud parents of five children.

## Sliney honored by PA-TLV for three decades of service

Former Committee Chair David Sliney, Ph.D., was honored recently for his 30 years of service on the Physical Agents Threshold Limit Values Committee during a ceremony at the annual business meeting of the American Conference of Governmental Industrial Hygienists in Dallas, Texas.

Sliney was lauded for his international reputation as an expert in the field of lasers and his

efforts to share his vast knowledge through extensive worldwide travels.

In 1966, Sliney joined the PA-TLV Committee when it was created as an ad hoc committee with the charge to review the available standards and state of biological knowledge of physical agents and to determine if TLVs could be developed for any of them. The committee determined that sufficient information

did exist and the ad hoc group became a standing technical committee the following year.

Sliney was appointed committee chair in 1986 and served in that position for the past 10 years. Under his tenure, the committee proposed and later developed TLVs for static magnetic fields and lasers, as well as guidelines for exposure to extremely low frequency fields, such as from power lines.

## Civilian News

### ARRIVALS

David Conrad, DCSADM  
Shelia Davison, DOHS  
David Gehring, DLS  
Michael Gray, DOHS  
Robert Johnson, DCSADM  
Kari Kasten, CHPPM-Europe  
Joseph Knapik, DEDS  
Erika Morgan, DOHS  
Denise Robinson, DEHE  
Jennifere Simmermeyer, CHPPM-Europe  
Deloris Spedicato, CHPPM-Europe

### DEPARTURES

Martha Harris, CHPPM-Europe  
Nicole Klein, DLS  
Azar Shahkarami-Doyle, CHPPM-Europe  
Christiana Susi, CHPPM-Europe

### AWARDS

#### Performance Awards

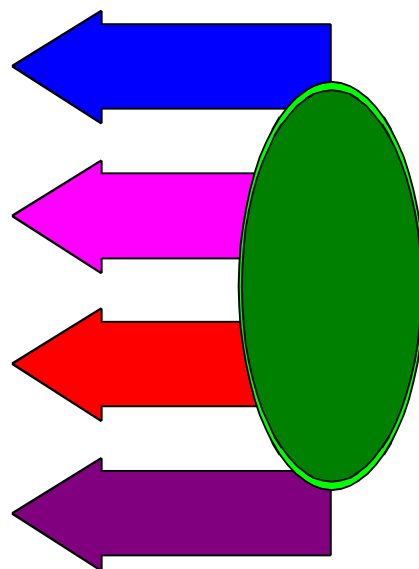
Melanie Carney, CHPPM-Europe  
Ken Croft, CHPPM-Europe  
Donna Maes, CHPPM-Europe  
John McCoy, CHPPM-Europe  
Elizabeth Moreno, CHPPM-Europe  
Philip Moreno, CHPPM-Europe  
Jorge Mueller, CHPPM-Europe  
Azar Shahkarami-Doyle, CHPPM-Europe  
Gulshan Sharma, CHPPM-Europe  
Ineke Utz, CHPPM-Europe

#### Service Awards

Peter Sachelarie, CHPPM-Europe, 15 years

## Persian Gulf veterans needed

The Baltimore V.A. Medical Center is conducting a special research study of Desert Storm soldiers exposed to depleted uranium contamination. They are looking for soldiers who were deployed in the Gulf region during Desert Storm but were not exposed to depleted uranium shells or uranium. Volunteers for this study will be paid \$200 plus travel for a three-day evaluation and \$100 plus travel for a one-day evaluation. The evaluation will consist of a medical examination, obtaining specimens of blood and urine, as well as undergoing psychological and reproductive health testing. No medications will be given nor will x-rays be taken. For more information call 1-800-815-7533.



# CHPPM holds FTX

By: Jane Gervasoni

CHPPM conducted a week-long field training exercise during the second week in June. Approximately two thirds of CHPPM's assigned soldiers attended and participated in the exercise held at the Maryland National Guard Edgewood Training Site. Events during the training emphasized soldier, civilian, and medical deployment readiness. In keeping with the CHPPM motto of "Readiness thru Health," participants prepared for deployment using the Soldier Readiness Packet. Medical, immunization, and dental records were reviewed, blood samples taken, optometric data assessed, and information on wills and insurance necessary for deploying soldiers was offered. All aspects of deployment preparation were reviewed.

This year's FTX also targeted the technical training required for deployments, unique to CHPPM's mission. It focused on keeping the deployed soldier healthy, specifically, through environmental health hazard assessments. Subject matter experts from CHPPM, the 520th Theater Army Medical Laboratory, and the 61st Ordnance Battalion taught classes in the use of global positioning systems, sampling methods for air, soil, water, and noise as well as radiation surveys methods. To enhance the sampling skills, sample management classes taught the soldiers proper procedures required to care for, package, and ship samples back to CHPPM during a deployment. Participants were also taught convoy procedures required when moving vehicles from point to point during a deployment.

Civilian participation in the FTX was another difference in this year's training. Since it is not unusual for civilians at CHPPM to deploy along with their military counterparts, civilians were welcomed at this FTX. In addition to participation in all the training classes, civilian experts were available to provide training in specialized areas including sample management and legal counsel.

On the last day of the FTX, a situational training exercise combined all the elements of the week's training into a simulated deployment exercise to determine the effectiveness of the training. Soldiers and civilians demonstrated a high level of readiness by their ability to perform well in all areas. Participants concluded that the training was extremely worthwhile and provided them with a storehouse of useful information and good practice for deployments.

The officer in charge, 2LT Darren Spearman, was pleased with the level of participation and the high levels of expertise and professionalism demonstrated by those attending the FTX.

"This was a challenging experience and extremely good practice for future deployments. I'm sure that many of us will be grateful for this training in the future," he explained. He also had high praise for 1LT Vicki Arneson, who originally worked on setting up the exercise, assistant OIC-field portion 1LT Andy Scott, and all the instructors and assistants.



# CHPPM provides humanitarian assistance to El Salvador

By: Evelyn B. Riley

CPT Jason G. Pike, a CHPPM entomologist/ PROFIS (professional filler) officer, recently deployed to El Salvador with the 61st Medical Detachment, Fort Campbell, Kentucky. The deployment was for New Horizons, an ongoing military-to-military skills exchange and humanitarian assistance exercise.

During the five-week stay, Pike's role was twofold to serve as executive officer and as entomologist. The purpose was to teach the El Salvadorians, foster relationships, and conduct site surveillance for future temporary Army National Guard base camps. It is anticipated that the ARNG will occupy the surveyed sites as early as January 1998 for purposes of humanitarian assistance.

"Our focus with site surveillance was to gather medical intelligence on the medical threat where soldiers will live and work," Pike said. "As a result of entomological site surveys, we found that Dengue fever, malaria, dysentery -- and biting flies were moderate, but not severe, medical threats. I was expecting a lot worse. We obtained this information from talking to local villagers and medical authorities, and from data printed in the U.S. We had only about six hours to look at each site and reach our conclusions."

El Salvador is a land of volcanoes and agriculture, bordered by Honduras on the north and east, Guatemala on the west, and the Pacific Ocean forming the southern coastline border. It is approximately the same size as Massachusetts.

Spanish is the only language; therefore, interpreters were necessary at all times. Training included personal protective measures (how to protect yourself from

insects in a field environment) and base camp site selection (how and where to select a site that will house troops while avoiding insect problems).

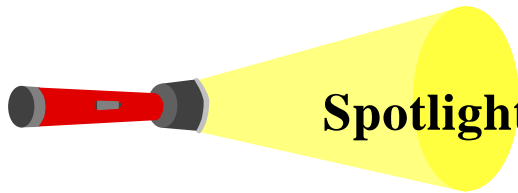
Guards patrolled the compound and accompanied the soldiers at all times. The troops ate MREs (Meals Ready to Eat) and T-rations, drank bottled water, and grabbed mangos (which could be peeled and were safe to eat) off the trees.

According to Pike, insects and food- and water-borne diseases are the major causes of illness. He also said that he found

the trip very interesting and feels that the site surveillance will be beneficial to the ARNG. Although he has only been back a short time, he is ready to be deployed to other countries throughout the world. Worldwide vector-borne diseases and the need to protect our soldiers from these diseases when deployed, coupled with the potential adverse health and environmental effects from the use of pesticides, warrant the services of an entomologist.



*CPT Jason G. Pike "shoulders" a large (approximately 6 inches wide) moth from El Salvador. The "eyes" on the wings are used for deception.*



## Spotlight on Quality Initiatives . . .

# Program 37 -- Hazardous and Medical Waste Program

**By: Dianne Cottrell**  
Instructional Systems Specialist

In this issue I want to feature Program 37, Hazardous and Medical Waste. Hopefully, you will see how customer service is the driving force behind everything planned by this program and how it works diligently on customer satisfaction. Program 37 includes five areas: Compliance, Training, Special Studies and Technologies, Pollution Prevention, and Military Item Disposal Instruction.

The Compliance segment involves participation in auditing procedures and practices at military hospitals and installations to detect whether their operations pose undue risks to health or the environment and comply with Federal, state, local, or Defense Department regulations. The program performs these audits through the coordination of personnel from our Direct Support Activities and CHPPM-Main. Together they evaluate and identify a potential noncompliance.

Because they were identifying many problems as recurring, they contacted their customers to determine why these problems were not being corrected. The causes of these repeat audit findings were the high turnover rate of environmental science officers and lack of resources to correct problems promptly.

As result of their numerous audits, the program decided to begin providing the assistance required to correct deficiencies to the medical treatment facilities. This

endeavor required the DSA personnel to assist the environmental science officers at the medical treatment facilities in whatever is necessary to correct the deficiencies. Personnel from the DSAs travel to the site and assist in writing the standing operating procedures that have been identified as noncompliant. Another result from an audit in early 1997 (the Army Medical Command's Command Logistics Review Team Audit) prompted Program 37 to initiate a program to correct identified waste management deficiencies.

Sometimes a facility needs basic guidance in such areas as developing their budget to include environmental issues. Whatever the need, Program 37 personnel are there to offer their expertise and guidance.

Training is another important element of this program. Program personnel provide onsite training workshops on various hazardous and medical waste topics. One aspect of this training is to feature commonly identified problems to prevent future problems or noncompliance. At the end of the training, all attendees are tested. This is done for several reasons. Certain courses are for certification purposes; other classes are tested to determine the level of understanding. The test results also provide feedback for making changes in their customized training classes. Program 37 has developed a lending library of more than 100 videos that supplement the workshops.

*(Continued on page 11)*

## Quality...

*(continued from page 10)*

The Pollution Prevention segment involves the evaluation of pollutant-generating activities. The evaluation determines whether practices, technologies, or material substitutes could prevent or reduce the release of hazardous substances into the environment. To best meet the customer's diverse needs, a matrixed team comprises personnel from the Air Pollution Source Management, Wastewater Management, and Industrial Hygiene Programs. These matrixed groups are critical when Program 37 is requested to sample and analyze an unknown substance in order to provide guidance in disposal and in cleanup procedures. In addition, Program 37 can provide an evaluation of what equipment would work best in specific situations.

The Military Item Disposal Instruction is another important element of Program 37. It provides consultative support on the proper disposal of hazardous and medical wastes and materials. To increase its effectiveness, the program maintains a database that tracks calls to provide guidance to the program in making necessary changes to meet customer needs. These calls often generate a fact sheet on common areas of concern or add a segment to

the training course. The database is in CD-ROM format, which program personnel update biannually. This information is accessible via the Internet, Defense Data Network, and the World Wide Web. Customers with questions can call toll free to 1-800-276-MIDI. This is another direct contact with the customer to meet their needs.

In the conduct of any of the above services, program personnel contact the installation's environmental science officer to define the purpose of their visit. Upon their departure, program personnel leave an evaluation survey with the customer. Also, this group makes follow-up calls to the medical treatment facilities to request feedback on how their information has been helpful to the customer. It is this feedback that helps in tailoring their training classes.

Each summer, Program 37 brings in a student who can devote time and energy on updating customer service data. In February, Program 37 sponsored its annual seminar on customer service. The attendees were from CHPPM-Main and the DSAs. They began with reviewing their goals and mission and concluded with a training class focusing on exceptional customer service. As you can see, customer service is important to this group. It is the driving force of the Hazardous and Medical Waste Program.

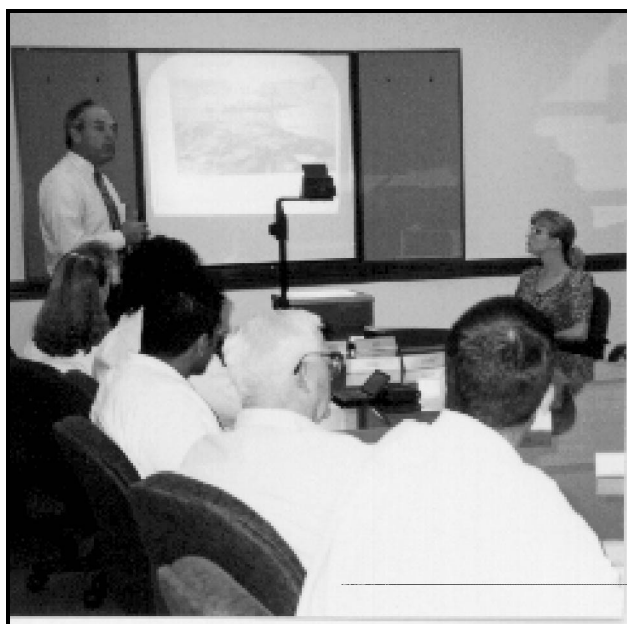


Photo by Linda Patrick

## Newcomer orientation

Eighteen newcomers received an overview of CHPPM on July 2 by Stephen Kistner, Deputy for Technical Services (left). Among the information given was the definition of PREWASH, an acronym used by BG Patrick D. Sculley in his meetings -- pesticides, radiation, epidemiology, water, air, soil, and health.

# Retreat ceremony

By: Gary Marenna

On Tuesday, June 17, BG Patrick D. Sculley, acting as the Reviewing Officer of the Edgewood Area Retreat Ceremony, presented the Legion of Merit, the Soldier's Medal, and the Air Medal to LTC(Ret) Orfeo "Chuck" Trombetta, Jr., a Henry Jackson Foundation Senior Fellow assigned to the Office of the Deputy Chief of Staff for Operations, CHPPM.

During Operation Desert Storm, LTC Trombetta was one of the first Reservists activated from the U.S. Army's Special Operations Forces. The team he commanded was attached to the 5th Special Forces Group during the invasion and liberation of Kuwait. Subsequently, he commanded the Coalition Warfare Division of the Combined Civil Affairs Task Force assigned in Kuwait.

On his last day in Kuwait City, while returning to Camp Freedom and after saying goodbye to Kuwaiti military personnel with whom his team had worked, Trombetta's vehicle was flagged down by excited Kuwaiti citizens asking for help. A young Kuwaiti child had somehow found a live grenade amongst the rubble and was standing behind one of the houses with the grenade in one hand and the pin to the grenade in the other. Without regard for his personal safety, Trombetta immediately moved forward and grabbed the child, causing her to drop the armed grenade behind a small concrete retaining wall. He then yelled "grenade" and fell atop the child as the grenade exploded on the other side of the wall. His personal actions are credited with saving the life of the Kuwaiti child, a number of Kuwaiti citizens, and two U.S. military personnel. The Soldier's Medal is this country's highest decoration for heroism not involving conflict



*Photo By: Joyce M. Kopatch*  
**BG Patrick Sculley (left) congratulates LTC Orfeo Trombetta.**

with an opposing force.

Trombetta was awarded the Legion of Merit for his years of meritorious service as both an active and reserve component officer. He also received the Air Medal for meritorious achievement in sustained aerial combat operations in Kuwait and Iraq during Operation Desert Storm.

Sculley concluded the Retreat Ceremony with comments regarding the outstanding performance of all parade participants and the 389th Field Army Band.

## DSA-West Participates in Unit EFMB

By: Joyce Jones  
DSA-West

DSA-West recently participated in Fort Carson's annual Expert Field Medical Badge training and testing course during June 1-13. The Activity had a 20-percent pass rate, which exceeded the course average of 7 percent. The first week consisted of training and a written test, which was the first

obstacle to completing the course. The second week involved hands-on testing (litter carries, land navigation, emergency medical treatment, vehicle and aircraft evacuation, cardiopulmonary resuscitation, and survival) and a grueling 12-mile road march.



*CPT Jason Richardson and 1LT Wylie Harper successfully completed the EFMB, with CPT Richardson graduating with honors. Pictured above in front of Cheyenne Mountain, Colorado Springs, are the DSA-West EFMB candidates (left to right are 2LT Hector Martinez, MAJ Todd Walker, LTC Brian Commons, CPT Christopher Gellasch, SPC Patrick Peebles, 2LT Dereck Irminger, 2LT Kevin Schwall, SPC Lititia Luckett, SFC Eddie Curet, and 1LT Reginald Flemming; front are graduates 1LT Wylie Harper and CPT Jason Richardson). Kudos to all candidates and a big "well done" to our graduates! HOOAH!*

## Entomology Awareness

# Education is the key; both young and old can learn

**By: CPT John D. Jaworski**  
**Entomologist, CHPPM-Europe**

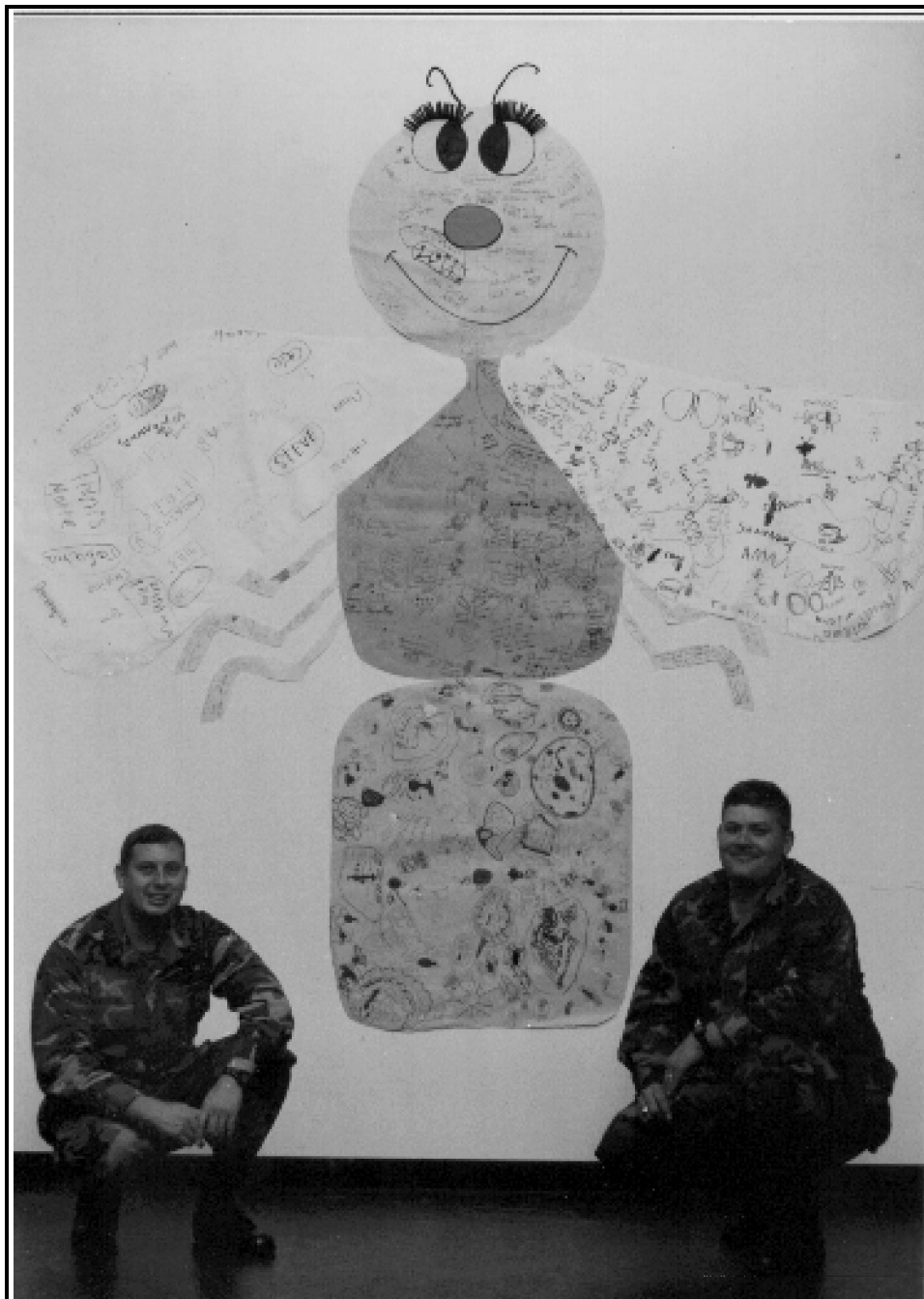
Entomology, the study of bugs, is an important subject to some of us, but of little importance to many others. Many bugs are admired for their beauty, strangeness, behavior, and their beneficial uses. Insects such as silk worms provide us with silk. Bees produce honey for us and assist in the pollination of plants. Many bugs are repulsive because they enter our private domain and upset us by biting and stinging us, spreading disease, destroying our homes, and eating our food. Fire ants bite and sting us, ticks transmit Lyme disease, termites eat our homes, and beetles attack our food supplies. These are just a few examples of beneficial versus harmful bugs.

Unfortunately, most people only remember the harmful bugs and lump even the beneficial critters into the bad category. Entomologists at CHPPM-Europe are trying to change this negative perception and educate the military community at the same time.

The Entomological Sciences Division was established to provide our military communities with safe and effective solutions to their pest problems before they get out of hand. The reduction in military forces has increased the importance of self-help pest control performed in the military community. Educating both young and old will ensure that the basic principles of pest management are understood and practiced. It will also potentially free up DOD pest control services to tackle the more difficult and persistent pest control problems.

One of our missions at CHPPM-Europe is to conduct pest management program reviews for our many military communities. We evaluate how the community is handling its bug problems. We promote a pest control strategy that is called integrated pest management. IPM looks at various control methods and initiates the ones that are the safest, least toxic to the environment, and most effective (permanent). The best opportunities we have to promote our entomology programs occur during our program reviews, because we are out in the community. We know that young children are frequently interested in bugs, so we capitalize on their curiosity and offer to provide entomological displays and presentations for them at community elementary schools in whatever geographical areas we are working. We try to make the presentations interesting and tailor them to entertain and educate the school children, but the teachers always seem interested too!

The teaching program has thus far been well received by schools and the local communities. We gauge our success by the numerous letters of appreciation we have received from children and adults who have seen our presentations. We hope to institutionalize our teaching presentations as part and parcel with our program reviews. By promoting entomological awareness beginning at an early age, we can enhance the potential that future generations will have knowledge to better appreciate and coexist with our usually friendly but sometimes not-so-friendly bugs.



*CPT John Jaworski (left) and SPC David Dunn pose with a signed, handmade bug poster. The poster was designed by students at the Darmstadt Elementary School in Germany. It was a way for the school to express their appreciation to CHPPM-Europe for participating in their annual Science Fair.*



# DLS-Europe First in DAP News

**Editor Note:** English Translation of the DEUTSCHES AKKREDITIERUNGSSYSTEM PRUFWESEN GMBH, NEWS, NR ■1 ■ 97, *Erste Akkreditierung Nach ISO/IEC Guide 25 in Deutschland*, by Dr. Heinz Stahl, CHPPM-Europe

## First Accreditation in Germany IAW ISO/IEC Guidelines 25

The ISO/IEC Guidelines 25 "General Requirements for the Competence of Calibration and Testing Laboratories" is at the final stage of its complete revision. The new version of the European Norm EN 45001 will be almost identical to this guideline. For this European Norm the draft 02 of the German Institute of Standardization (DIM) was published on February 1997.

Accreditations can only be achieved on the basis of valid guidelines. Therefore, the third revision of the ISO/IEC Guidelines 25 of 1990 is used for accreditations at this time. With regard to the imminent passing of the final new versions, this procedure seems to be very inefficient, but it is formally required. The DAP recommends that its laboratory customers consider the requirements of the new revisions for a Quality Management System. This will allow the accreditation body to adopt the accreditation easily to the new guidelines.

The first Testing Laboratory in Germany accredited by the DAPIAQ ISO/IEC Guideline 25 was the Department of Laboratory Sciences (DLS), of the U.S. Center for Health Promotion & Preventive Medicine Europe (CHPPM-Eur) in Landstuhl. The accreditation procedure was supported by the Research and Material Testing Institute (Otto-Graf-Institut) of the State of Baden-Wuerttemberg, a DAP partner institution.

Exceptional features of this accreditation have been:

- The accreditation was performed in cooperation with the American accreditation body A2LA that also accredited this laboratory IAW ISO 25.
- Both, DAP and A2LA used the A2LA inspector for the accreditation.
- After producing her qualifications, the

A2LA inspector was registered as auditor for the section of chemistry of DAP and officially appointed for this accreditation procedure.

• English language was used for consultations, audits, inspections and reports.

• For both accreditation procedures (A2LA and DAP) a joint laboratory inspection was performed. The accreditation bodies did the inspections in different ways: A2LA needs usually 5 working days, the DAP only 1 working day. The

intensity of inspection was comparable, but A2LA assesses the formal part of Quality Management System more closely than DAP.

• The certificate of accreditation is the regular DAR certificate that automatically confirms the achievement of the requirements IAW EN 45001. It is noted on the front page of the certificate that the assessment was performed IAW ISO/IEC Guidelines 25.

• Certificates of accreditation have been issued to this testing laboratory in English and in German language.





# Is worksite health promotion a worthwhile investment?

By: LTC Michael Chisick  
CHPPM Dental Officer

In today's Army, many units have downsized in staff but not in mission. Consequently, many commanders see their units as overextended and understaffed. Given these circumstances, it is no surprise that unit commanders question the worth of any activity that takes soldiers away from their primary duties, including worksite health promotion programs. Many commanders mistakenly believe that their unit physical fitness program is all the health promotion their soldiers need. Yet, few investments a commander could make with a soldier's time will lead to a better return than health promotion.

Given that many of the more serious and costly health problems in the United States are the consequence of destructive individual behaviors or unhealthy physical and social environments, the benefits of health promotion are obvious. Cigarette smoking, for example, is the leading cause of preventable death and disability in the United States. Together with unhealthy diets and inactive lifestyles, tobacco accounts for more than 700,000 deaths, or 30 percent of total deaths, annually in the United States. Persons who smoke an average of one or more packs of cigarettes a day spend 18 percent more on medical care than those who do not smoke.

It is also common knowledge that a high-cholesterol diet is a major risk factor for heart disease, a killer of one million Americans annually. An estimated 25 percent of adult Americans should lower their blood cholesterol level. The risk of heart attack drops by 2 percent for each 1-percent reduction in serum cholesterol level.

Abuse of drugs, including alcohol, ranks as the nation's fourth leading cause of death. It accounts for 130,000 premature deaths each year and an estimated 15 percent of all health care costs.

Public health experts estimate that 50 to 70 percent of all disease and premature death is potentially preventable.

However, evaluating the soundness of health promotion as a strategy for lowering medical care expenditures requires more than

just consideration of its theoretical impact. It also requires weighing the costs of a given health promotion intervention with its potential benefits to determine whether the intervention is good value for the money. It also may involve evaluating the health- and cost-effectiveness of alternative health promotion activities so that the most efficient activity for a given health risk can be identified. The former type of evaluation is referred to as cost benefit analysis, the latter as health- or cost-effectiveness analysis.

Over the past two decades, 20 CBAs of various health promotion programs have been published in professional journals. Results have been consistently positive, showing that the benefits of health promotion programs outweigh by 1.07 to 19.4 times the costs of these programs. According to Dr. Kenneth Pelletier, Director of the Corporate Health Program at Stanford University Medical School, there is a "substantial and growing body of research demonstrating that health promotion and disease prevention . . . are both health- and cost-effective."

A frequent criticism of health promotion programs is that they prove only long-term payoffs. This is largely an uninformed opinion. For example, while most people are aware that it takes 10 to 15 years after people stop smoking for lung rates to drop, few are aware that annual excess medical costs associated with smoking disappear within two years after people stop smoking. In addition, many of the nonquantifiable benefits of health promotion, such as improved morale or enhanced productivity, offer immediate payoffs.

In today's Army, health promotion carries additional value. Not only does health promotion save scarce health-care dollars, but it also provides soldiers with the knowledge they need to maximize their own health, thereby maximizing combat readiness. Commanders cannot afford to lose key personnel or have their unit's effectiveness reduced through preventable accidents, injuries, diseases, or self-destructive behaviors. By saving money and maximizing readiness, health promotion has double value -- it is the thrifty combat multiplier.


# Osteoporosis in men

**BY: COL Linda Spencer**  
**Health Promotion and Wellness**  
**Directorate**

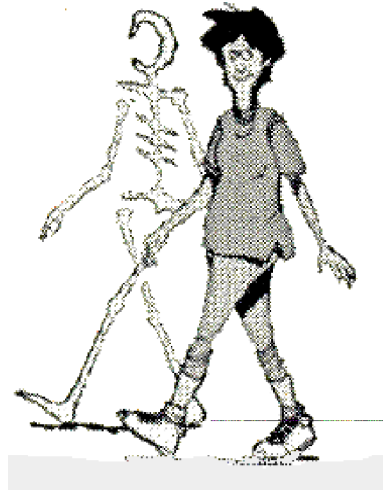
Osteoporosis is an equal opportunity disease. Yes, men also suffer from bone loss as they grow older, and one-quarter of all hip fractures occur in elderly men. Most of the publicity regarding osteoporosis has been related to women and the decrease in estrogen production at menopause, but bone density begins to decline in both men and women as aging occurs. By age 70, men will have lost approximately one-seventh of their bone mass, putting them at risk for fractures. It is estimated that about 12 percent of all men will eventually experience some kind of fracture caused by thinning of the bones.


Men at risk for osteoporosis are those who eat a diet low in calcium, have taken steroids -- such as bodybuilders or to treat asthma, drink or smoke heavily, take antacids habitually -- such as Mylanta or Maalox, have low levels of testosterone, and have an inactive lifestyle.

There have been fewer research studies on osteoporosis in men than in women. However, experts agree that all people should take the following steps to preserve their bone health.


 A diet adequate in calcium. The recommended daily allowance of calcium for adults is 800 milligrams per day, the amount in two and a half cups of milk. One cup of yogurt or two cups of cottage cheese are good substitutes, or you can conceal milk in other foods -- powdered nonfat milk can be added to casseroles or meat loaf. However, most authorities recommend 1500 milligrams a day or five cups of milk for men over 65 and women over 50. Dark leafy green vegetables, canned salmon, and sardines are additional sources especially if you eat the

bones of the fish. It is important to stress that intake of calcium should be on a daily basis. For those who cannot drink milk, calcium supplements may be the only option.



 Adequate intake of Vitamin

D. This vitamin promotes the deposition of calcium and phosphorus in the bones. Just ten minutes of exposure to the sun will enable the body to manufacture all of the vitamin D you need. Some types of milk and cereals are fortified with vitamin D and are recommended for persons over 65. However, if you take a vitamin D supplement, be sure that you don't exceed 400 International Units per day, because this vitamin can accumulate in the body and produce toxic symptoms over time.

 Exercise is absolutely essential for building healthy bones. Weight-bearing activities are the most useful, such as, jogging, hiking, stair climbing, racquet sports, weight lifting, and cycling. Swimming is not as beneficial for the bones because the body is supported by the water. The benefits of exercise last only as long as the program is maintained.

In recent years it has been recognized that the problem of osteoporosis in men represents an important public health issue, particularly in light of estimates that the number of men above the age of 70 will double between 1993 and 2050.

# CHPPM's Organization Day

By: Laura L. Ryan

A record-breaking crowd was on hand June 20 to celebrate CHPPM's Organization Day. Almost 650 people were on hand to enjoy the various activities including a fun run/walk, golf, basketball, volleyball, softball, horseshoes, frisbee contest, crafts, children's games, face painting, space walk, and dunking booth.

Something new was offered this year, thanks to the personnel of the Operations Mobilization and Security Division. They arranged with the Secret Service for the use of a portable electronic children's identification system. This computer system produces a biography containing the child's photograph, thumbprint, and other information such as height, weight, eye color, and distinguishing marks. Parents of over 200 CHPPM children received a printout that can be reproduced immediately for mass distribution if necessary.

